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## *OUR LOGO*



**“E Loa Ke Ola”  
May Life Be Long**

*Aloha and interdependence, a blend of Polynesian, Oriental and Western cultures...*

...this is the visual message of the logo used by the Executive Office on Aging. The logo was created for and adopted by the Hawai'i State Commission on Aging in 1974. In 1977, the Executive Office on Aging replaced the Hawai'i State Commission on Aging.

The traditional Chinese ideograph for longevity translates, “The scholar struggles with his long hand continuously so that there will be food to feed every inch of his mouth.”

Scholar-artist Hon-Chew Hee styled the Chinese character for longevity to create a Hawaiian petroglyph symbol expressing Mary Kawena Pukui's translation of the Hawaiian words “E LOA KE OLA- May Life Be Long.” The logo shows the family working together to “feed every inch of the mouth.” The father of the family is depicted as tilling the land, while the mother is catching fish under water, and their son is spearing animals.

The expression of aging, island style, is a natural and welcome process with deep, joyous meaning to individuals and their families and communities. The logo symbolizes the desire of the people of Hawai'i to be blessed with long and fulfilling lives.

## MESSAGE FROM THE DIRECTOR



We are pleased to present the Executive Office on Aging's Annual Report for fiscal year 2002. The report summarizes programs and accomplishments of the office, as well as important services being delivered to Hawai'i's older adults.

In 2002, the Executive Office on Aging (EOA) administered more than \$12 million in federal and state funds to develop, coordinate, and deliver services to adults 60 years and older in Hawai'i. In coordination with the Area Agencies on Aging, the EOA has been able to serve targeted populations under the Older Americans Act. With the support of the individuals, government and private groups, EOA has also been able to initiate new programs and projects which address issues that impact the well-being of Hawai'i's *na kupuna* and their families.

Hawai'i seniors are a valuable resource to the state. EOA is thankful to all the dedicated community volunteers, older adults, their families, service providers, and other private and public sector participants in aging services for their support for programs that value our seniors and help assure their dignity, security, and independence.

*E loa ke ola.* May life be long and may it also be blessed with good health and fulfillment.

Marilyn R. Seely  
December 2002

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## INTRODUCTION

This Annual Report summarizes the programs and achievements of the Executive Office on Aging (EOA) during the year 2002.

## BACKGROUND

The Older Americans Act (OAA) established the Administration on Aging of the U.S. Department of Health and Human Services to administer OAA programs at the federal level.

In each state there is a designated State Unit on Aging. In Hawai'i, the State Unit is the Executive Office on Aging. EOA provides leadership relative to all aging issues on behalf of the 207,001 older persons in Hawai'i.

EOA is the State agency responsible for coordinating and providing a focus for statewide efforts on behalf of Hawai'i's older adults. The **mission** of EOA is to assure the well being of the state's 207,001 adults, age 60 and older, by:

- Providing leadership in programs and policies for older adults,
- Serving as a clearinghouse for information, and
- Partnering with the Aging Network to provide home and community based care for frail, vulnerable older adults.

## AGING NETWORK

To meet the needs of the growing numbers of older people in the United States, the Older Americans Act of 1965 created an Aging Network. The Aging Network organizes, coordinates, and provides home and community based services and opportunities for older adults and their families to maintain their well being and independence.

The Executive Office on Aging is advised by the Policy Advisory Board for Elder Affairs (PABEA). The PABEA is a statewide body appointed by the Governor. It is comprised of members who are knowledgeable about problems relating to aging. A majority is over age sixty. Ex-officio members are from state agencies that provide programs serving elders.

The PABEA provides no direct services but represents the interests of older persons. PABEA provides advice and comments to the EOA director and its staff on state policies, programs, and actions-affecting older adults.

The 1972 revisions to the OAA allowed states the option of creating substate entities, or Area Agencies on Aging (AAAs), to oversee services in communities. There are four agencies that coordinate the services and advocate for older persons in each Planning and Service Area (PSA) in Hawai'i (see chart below).

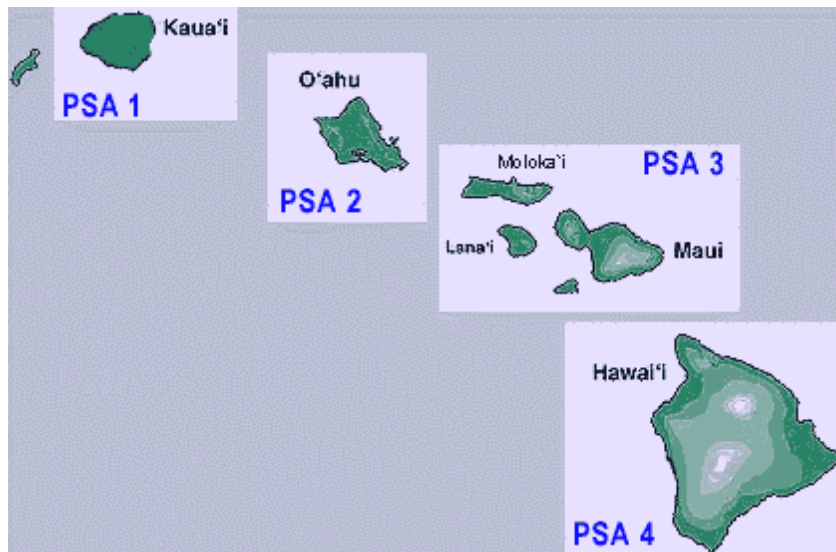
The Administration on Aging annually determines the level of federal funding allotted to Hawai'i. The EOA then distributes those funds to the four AAAs according to a formula approved by the Administration on Aging (AoA).

Private and public sector service providers and those individuals receiving services complete the aging network.

#### Planning and Service Areas

Under the federal Older Americans Act, the EOA divided the state into four Planning and Services Areas (PSA's). PSA's correspond to county boundaries in the State, except in PSA 3 which includes Kalawao County, in addition to Maui County.

Planning and Service Area 1: Kauai County  
Planning and Service Area 2: City and County of Honolulu  
Planning and Service Area 3: Maui County + Kalawao County  
Planning and Service Area 4: Hawai'i County



## HAWAI'I'S DEMOGRAPHIC PROFILE

According to the 2000 Census, 207,001 or 17.1 percent of Hawai'i's population was 60 years and older. Of this, 45.2 percent was male and 54.8 percent was female. This population group increased by 19.2 percent between 1990 and 2000. The oldest old cohort – adults 85 years and older – increased by 68.9 percent during the same period. These figures are higher than that of the U.S. – where the 60+ group represented 16.3 percent of the total U.S. population, registering a 9.4 percent increase over the 1990 figure, and where the oldest old increased by 37.6 percent only.

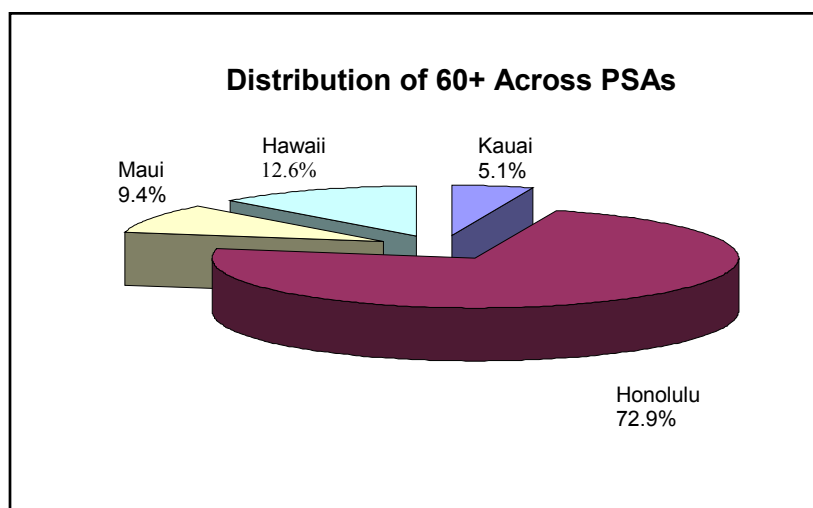
Of Hawai'i's total 60+ population, 10,468 (or 5.1 percent) are located in Kauai, 150,910 (or 72.9 percent) are in Honolulu, 19,501 (or 9.4 percent) are on Maui, and 26,122 (or 12.6 percent) live in Hawai'i (Big Island).

HAWAI'I: DISTRIBUTION OF INDIVIDUALS 60 YEARS AND OVER ACROSS PSAs (2000)

<u>PSA*</u>	<u>Total 60+</u>	<u>60+ %</u>	<u>Total Pop.</u>	<u>60+ across</u>	<u>Increase Rate 1990-2000</u>	
				<u>PSAs</u>	<u>60+</u>	<u>Total</u>
Kauai	10,468	17.91%	58,463	5.06%	17.92%	14.24%
Honolulu	150,910	17.22%	876,156	72.90%	17.45%	4.77%
Maui	19,501	15.21%	128,241	9.42%	24.92%	27.60%
Hawai'i	26,122	17.57%	148,677	12.62%	25.86%	23.57%
State	207,001	17.09%	1,211,537	100.00%	19.15%	9.32%

\* PSA = Planning and Service Area

Source: Census 2000, SF1. Extracted by EOA.



In 2000, minority populations made up 77.3 percent of Hawai‘i’s 60+ population. Most of these are Asians and Pacific Islanders.

The diversity of Hawai‘i’s older adults is reflected in the high percentage of older adults who speak a language other than English on a regular basis, with 19.9 percent of older adults identified as non-English speakers.

More than seven percent of the 60+ population had incomes at or below the federally established poverty line for Hawai‘i. A large majority of these are considered low-income minority.

Almost 37 percent of older adults in Hawai‘i have disabilities (mental or physical impairment, or a combination thereof, that results in substantial functional limitations in one or more areas of major life activity).

Almost nine percent of older adults are ‘culturally isolated’ (defined as Native Americans including Native Hawaiians/Part Hawaiians), and 16.4% of the elderly live alone.

Future projections show that by the year 2020, more than one in every four Hawai‘i resident will be 60 years or older.



## A PROFILE OF HAWAI'I'S OLDER ADULTS

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	<u>State Total</u>	<u>% of Total Pop</u>
<b>Total Population</b>	<b>1,211,537</b>	
Total 60+ Population (2000)	207,001	17.1%
60-64 Years	46,400	3.8%
65 Years and Over	160,601	13.3%
 <b>Distribution by Race/Ethnic Groups</b>		 <b><u>% of Total 60+</u></b>
American Indian, Alaskan Native	173	0.1%
Asian and Pacific Islanders	136,938	66.2%
All Asian	125,529	60.6%
Native Hawai'ian/Pacific Islanders	11,409	5.5%
Black/African American	770	0.4%
Some Other Race	171	0.1%
Two or More Races	16,422	7.9%
White, non-Hispanic	47,074	22.7%
 Hispanic/Latino	 5,453	 2.6%
Total Minority (Total minus White, not-Hispanic)	159,927	77.3%
 <b>Special Populations</b>		
Rural Area Residents*	16,247	7.8%
Low Income Older Persons** (1999)	15,013	7.3%
Older Persons with Disability	76,012	36.7%
Institutionalized***	3,707	1.8%
Non-Institutionalized****	72,305	34.9%
Older Persons Culturally Isolated*****	18,129	8.8%
Older Persons Living Alone	33,981	16.4%
Older Persons with Language Barriers	41,140	19.9%

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Data Source: Demographic Characteristics: Operationalizing Definitions According to OAA 2000 (EOA)

\* According to Census Bureau definition.

\*\* Source: Census 2000, SF 3. 65+ from the Hawai'i State DBEDT, Hawai'i State Data Center; 60-64 estimated by EOA from the same source (65+ in poverty plus 60-64 estimates).

\*\*\* Average Daily Census of Long Term Care Facilities, 2000.

\*\*\*\* Census 2000.

\*\*\*\*\* Defined as Native Americans, including Native Hawaiians/Part Hawaiians.

## **PROGRAMS AND SERVICES**

EOA, in accordance with the mandates of the Older Americans Act, as amended, is the entity in state government responsible for the administration of a statewide system of social services and programs affecting seniors in Hawai'i. It coordinates a comprehensive range of social, health, and long-term care services designed to enhance the independence and self-reliance of persons who are no longer able to care for themselves.

### **1. Home and Community-Based Services**

#### **➤ Kupuna Care:**

This statewide long-term care program is designed to meet the needs of older adults who cannot live at home without adequate support from family and/or formal services. Kupuna Care provides in-home and community-based services which include adult day care services, assisted transportation, attendant care, case management, chore services, homemaker services, home-delivered meals, and personal care.

Kupuna Care targets older adults having difficulty in performing two or more functions of daily living (ADLs and/or IADLs). To qualify, an individual must be a U.S. citizen or legal alien; 60 years of age or older; not covered by any comparable government or private home- and community-based care services; and not residing in an institution.

State funds cover the cost of services for those who cannot afford to pay and those who can afford to pay only a portion of the service. The co-payment is based on the older adult's monthly net income. Housing costs, out-of-pocket medical expenses, and emergency situations are considerations in determining the older adult's monthly net income.

In 2002, the program was evaluated under a contract with the University of Hawai'i Center on Aging. This resulted in changes and improvements in the goals, outcomes, and procedures of the program. In 2002, 6,648 unduplicated clients statewide received Kupuna Care services at a total cost of \$ 4,210,793.

## **2. Federal Older Americans Act Programs**

### **➤ Supportive Services**

Title III-B of the Older Americans Act provides for supportive services which include access, community, and in-home services. Priority is given to older individuals who have the greatest social or economic need or are low-income minority.

Access services are those services designed to provide older Americans with the means to receive needed services available in the community. This involves providing information regarding services (information and assistance), identifying persons who may require service (outreach), determining types and amounts of services needed (case management), and providing a means for a person to get to the location where services are provided (transportation).

In-home services, such as attendant care, homemaker, personal care, and adult day care assist seniors who wish to remain in their homes and communities.

Community services are designed for seniors with the ability to travel to the point of service and encourage seniors to remain active members of the community.

During FY 2001, more than 48,000 individuals received Title III-B services. This included services ranging from transportation (204,889 one-way trips) and case management (32,596 hours for 2,179 persons), to personal care (46,510 hours for 872 persons) and chore and housekeeping (17,352 hours for 957 persons).

### **➤ Congregate and Home-Delivered Meals**

Title III-C of the Older Americans Act authorizes nutrition services for persons age 60 and over, their spouses, and persons with disabilities under the age of 60 in certain conditions. Meals are provided to eligible participants on a contribution basis in a congregate setting (Title III-C (1)), or within a homebound individual's place of residence (Title III-C(2)).

In 2001, the counties reported 386,853 meals were provided to 4,695 eligible participants under the congregate nutrition meals program, while the home-delivered meals program provided 474,843 meals to 3,768 persons.

➤ National Family Caregiver Support Program:

Title III-E of the Older Americans Act established the National Family Caregiver Support Program. Under this program, services such as caregiver information and respite are available to support caregivers of people age 60 or older. In 2002, more than \$644,000 of Title III-E funds was distributed to Hawai'i's four Area Agencies on Aging.

➤ Preventive Health

Title III-F of the Older Americans Act authorizes disease prevention and health promotion services grants to Area Agencies on Aging to be used to support any of the 18 health-related services. Examples of these services include health risk assessments, routine health screening, nutrition counseling, health promotion programs, physical fitness and exercise programs, home injury control screening, and screening for the prevention of depression. The purpose is to identify potential problems before they become so serious as to require institutional care, as well as, promote activities that allow participants to live a more independent and active lifestyle. In 2002, \$105,284 was distributed for preventive health services.

➤ Legal Assistance Development

The Older Americans Act designates legal assistance as a priority service under Title VII. Legal assistance service is targeted to particularly needy populations of elders, specifically those in social need, economic need, and low-income minorities. The legal service developer assures that older adults have access to legal advice, counsel, and provide technical support to the attorney programs through the organization of activities involving elder rights. This program received \$173,038 in funding support from federal (Title III) and state funds in 2002.

### **3. Long Term Care Ombudsman**

Under Title VII of the Older Americans Act, the Long Term Care Ombudsman (LTCO) counsels, advocates, and responds to complaints and

problems on behalf of residents of nursing homes, adult residential care homes, and other licensed LTC facilities. The LTCO works with various organizations and residents to improve the quality of a LTC resident's life by providing information, referrals, and consultation to families, service providers, and the general public on LTC issues; works with licensing, certification, and other enforcement agencies to improve quality of care in LTC facilities; and protects the rights of residents in LTC facilities (i.e. physical abuse, financial issues, restraints, etc.).

In 2001, the LTCO Program conducted 151 consultations with LTC facilities, 586 consultations with individuals and presented 57 community education sessions. Program staff resolved 190 complaints made by or on behalf of residents. The program received \$208,220 in total program funding from state and federal sources.

To help increase its visibility and provide greater access to LTC residents, a state-supported Long Term Care Ombudsman Volunteer Program was established.

#### Long Term Care Ombudsman Volunteer Program

Established to help the mission of the LTCO Program, the Long Term Care Ombudsman Volunteer Program trains persons to become certified volunteers in licensed LTC settings, so all residents are aware of the services provided by the LTCO. The focus of the program is to provide culturally sensitive advocacy and referral services to these residents. Since June 2001, the program has been able to accomplish the following:

- Program policy and procedures were written,
- A training Manual has been written and implemented,
- Four training classes have been held,
- 16 volunteers have been trained and certified,
- 192 nursing home visits have been made; and
- 1,152 residents have received a face-to-face visit with a volunteer.

Program staff members speak at various civic club meetings, church groups, AARP chapters, and veterans' clubs to promote program visibility through community outreach.

#### **4. Special Statewide Programs**

The following special programs and demonstration projects are funded by state, federal, and private funds:

➤ **Health Insurance Information (SAGE PLUS)**

SAGE PLUS is Hawai‘i’s State Health Insurance Assistant Program. It is a volunteer based program providing objective information, assistance, and counseling on Medicare, Medicaid, Medicare + Choice, Medigap, Long Term Care Insurance, and related health insurance options for Medicare beneficiaries, their families, and their caregivers at no cost. The EOA sponsors the program in partnership with Moiliili Community Health Center, Lanakila Multipurpose Senior Center, Coordinated Services for the Elderly, Maui County Office on Aging, and Kauai Agency on Elderly Affairs. Funding is provided by the U.S. Department of Health and Human Services, the Centers for Medicare and Medicaid Services, and the State of Hawai‘i. In FY 2002, the program reached an estimated 76,000 individuals through various interactive presentations to the public at health/senior fair booths and exhibits and radio shows. In addition, the program recorded a total of 2,700 telephone intakes, as well as 3,580.5 volunteer hours during the fiscal year.

➤ **Fraud and Abuse Prevention (SageWatch)**

SageWatch is a volunteer-based program, funded by the federal government, to combat health care fraud by means of a community-wide education effort. Its primary objective is to inform and educate Medicare beneficiaries to detect and/or prevent cases of abuse, fraud, and waste in the Medicare and Medicaid systems, and reduce the amount of monies lost to fraud and abuse. SageWatch incorporates a collaborative effort among community/consumer groups, providers, Medicare contractors, and government agencies. In June 2002, SageWatch, in partnership with the SAGEPLUS program and the State Department of Education, Adult Education, held a six-week “Navigating the Medicare Maze” course. Fourteen participants attended this course. For the year 2002, the program was able to hold 110 presentations, with 2,633 individuals in attendance. In addition, it was able to distribute a total of 6,050 materials during senior fairs. Several volunteer training sessions were held on Oahu and the Neighbor Islands.

➤ Self-Determination Project:

The Self-Determination Demonstration Project is a recent outgrowth of the Kupuna Care program. It will test a new approach to the provision of home and community-based care that offers more choices for frail elders and their caregivers to tailor the resources they have according to their individual needs. A portion of state dollars from Kupuna Care will be used to serve a small group of frail elders in the Pearl City area using self-determination methods and building informal support systems. Evaluation of this project will help decide how best to craft self-determination methods into EOA's programs and services on a larger scale in the future. The EOA will also participate in a federal CMS grant under the Real Choices Project in concert with the Department of Health.

➤ Elder Abuse (Project REACH):

Project REACH is a demonstration project that was initiated in 2001 for the purpose of addressing elder abuse and neglect. The project seeks to find older adults before they become victims of abuse and neglect and serve those who might already be victims to intervene and prevent recurring incidences. Based on national estimates, between 6,000 and 10,000 older adults may be victims of elder abuse and neglect in Hawai'i each year. Yet, only about 400 incidences are reported annually. Of these reports only about half are confirmed cases.

The project was started primarily with appropriations from the state legislature. The Older Americans Act and Department of Justice fund additional components of the project. There are four components:

- a. Training for workers who go into the homes of frail elders. Project REACH anticipates a more informed and watchful group of workers with access to relatively isolated individuals so that potential problems may be identified and referrals for assistance initiated before more severe problems occur,
- b. A public awareness effort to help the community understand there is a problem and the nature and extent of the problem, as well as what to do about it,
- c. Case management and counseling resources to help avoid problems or break the cycle of abuse and neglect,
- d. Systems development to help identify and form linkages among

agencies and organizations involved in assisting with the issues.

➤ Long Term Care Financing Program:

The Executive Office on Aging was asked by the legislature and various community organizations to help develop a universal and affordable system of providing for long term care. This will use a dedicated source of revenue to support long term care needs in the state regardless of income. Act 245 was passed in 2002, thus establishing the long term care financing program, a board of trustees, fiduciary and other obligations of the board, and Hawai'i long term care benefits fund where revenues are to be placed to fund the program. It also established a temporary board of trustees to be supported by the EOA to design the Hawai'i long term care financing program, i.e., to determine the amount and means of collection of a tax or fee, as well as the nature and amount of benefits, and to recommend a third party administrator for the program. The recommendations of the temporary board are anticipated to be incorporated into new legislation for consideration by the twenty-second legislature in 2003.

➤ Caregivers Resource Initiative Project:

A statewide initiative whose purpose is to support and enhance family (informal and unpaid) caregiver support efforts at the local level began in 2002. These efforts are based on partnerships and collaboration with various stakeholders in the community to develop caregiver resources and support. An important component of the project is the formation of a Family Caregivers Network. Any family who is a *caregiver* to a senior aged 60 and older or a *grandparent* who is 60 and older caring for a dependent grandchild may join. This initiative was responsible for organizing the showing over PBS of "And Thou Shalt Honor" and the panel discussion that followed the presentation.

➤ Kokua Mau Project:

The Kokua Mau project addresses the issues of end of life care. End of life care refers to the full range of palliative care, social, and legal issues that affect people who are nearing the end of their lives or are preparing for its eventuality.



The current lead partners in Kokua Mau are the Executive Office on Aging, Center on Aging at the University of Hawai‘i, Hawaiian Islands Hospice Organization, and Department of Geriatric Medicine at the University of Hawai‘i School of Medicine. The Executive Office on Aging is charged with the overall coordination of the leadership team. Goals focus on public awareness, professional education, development of resources for churches and temples, and policy research and analysis. The project was started in 1999 with seed money from the Robert Wood Johnson Foundation’s Community-State Partnerships Program and is being continued with support from the Archstone Foundation and other funders.

In FY2002, Kokua Mau continued its work at integrating what has been learned about end of life into other efforts within the Aging Network. In addition, it has assisted four states on the U.S. continent in developing sustainable end of life activities and programs within their own aging network structures. Recognized in 2001 as one of fifteen finalists for the Innovations in American Government Award from the JFK School of Government at Harvard University and Ford Foundation, the program was recently informed that it is among the top 100 semifinalists for the same award for the year 2002.

Kokua Mau’s public and professional education, coupled with its policy work has resulted in continuing increases in the numbers of people completing advance directives and improvements in pain management and policy. On a recent national "report card" on how states are doing in end-of-life care, Hawai‘i was the only state with two As, and the only state with B or better in pain management in nursing homes. A great deal of improvement is still needed, but through Kokua Mau’s efforts, Hawai‘i has made progress.

➤ Community Voices Project:

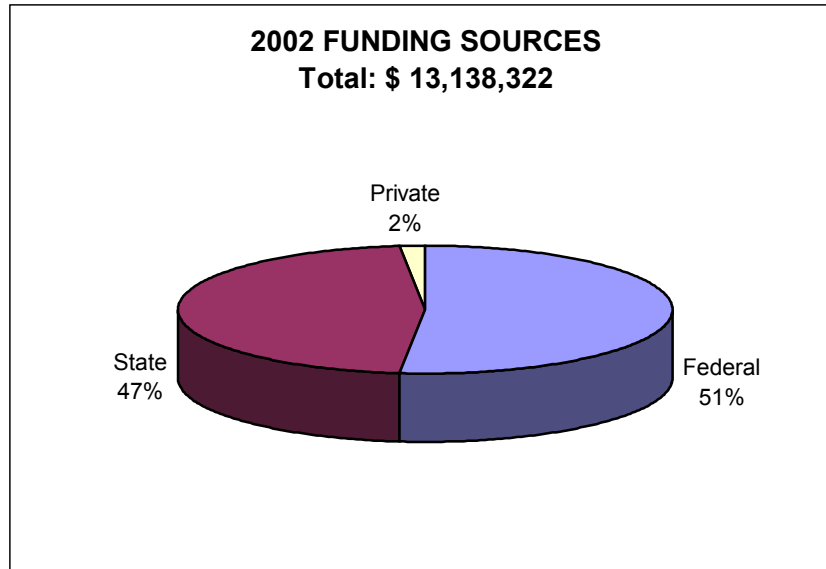
Community Voices Project (CVP) is a statewide project designed to empower communities to address aging and long term care issues through partnerships with individuals, the community, and public and private sectors. Using a community development approach, the project builds upon the strengths and assets of Hawai‘i’s communities and seeks to meet the challenges of a growing elder population by organizing and collaborating with geographic-based communities to better define specific community

needs, identify and mobilize community resources, and seek collaborative solutions.

The EOA, Area Agencies on Aging, and about 19 geographic communities statewide are currently involved in the project. In FY 2002, several community leadership trainings were held statewide focusing on outcomes evaluation, grant writing, volunteer recruitment and motivation, project planning and management, and facilitation and strategic planning. A strategic planning session was also conducted by Dr. Michael Cheang of the UH Center on Aging. Several small-scale community projects were also conducted statewide. The project year ended with a statewide “Community Voices Conference: Turning the Volume Up!” held in Honolulu, with Marc Freedman, President of Civic Ventures, as keynote speaker. Funding for this project has been provided by the Hawai‘i Community Foundation, McNerny Foundation, Hawai‘i Medical Services Association, and with in-kind support from the EOA and Area Agencies on Aging.

## BUDGET ALLOCATIONS

Support for EOA programs and services are provided by funds from federal, state, and private sources. The following chart gives a breakdown of the sources of EOA funding for FY 2002:



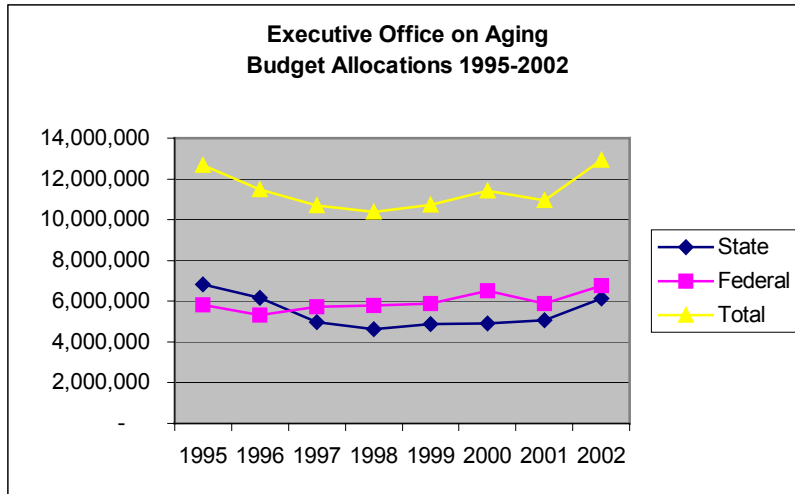
For FY 2002, the EOA received a total of \$12.92 million in budget allocations (\$6.78 million from the Federal government and \$6.14 million from the state). In addition, \$ 221,088 was received from private funding agencies.

The following table and chart show EOA's total budgetary allocation for 2002 is now slightly above the 1995 levels after experiencing cuts during the years in-between. However, while federal funding in 2002 has surpassed that of 1995, state funding in 2002 constitutes only 90% of 1995 levels.

### EXECUTIVE OFFICE ON AGING BUDGET ALLOCATIONS 1995-2002

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>
State	6,839,995	6,156,088	4,962,552	4,619,169	4,867,298	4,902,601	5,072,592	6,142,313 *
Federal	5,828,333	5,330,604	5,722,238	5,774,409	5,871,005	6,525,828	5,875,828	6,774,921
Total	12,668,328	11,486,692	10,684,790	10,393,578	10,738,303	11,428,429	10,948,420	12,917,234

\* Increases in EOA's state funds for 2002 reflect new legislative appropriations for a long term care feasibility study, an elder abuse and neglect response system, and a grant-in-aid appropriation for Kauai Economic Opportunity.



Federal funds have remained more or less stable during the eight-year period, but state funds experienced sizable drops starting in 1996, reaching their lowest level in 1998.

The following table shows state and federal funding allocations distributed to Area Agencies on Aging during fiscal years 1997 to 2002:

EXECUTIVE OFFICE ON AGING						
STATE AND FEDERAL FUNDS PROVIDED TO THE COUNTY AREA AGENCIES ON AGING						
FISCAL YEARS 1997 THROUGH 2002						
<u>STATE FUNDS</u>	1997	1998	1999	2000	2001	2002
KAUAI AGENCY ON ELDERLY AFFAIRS	\$533,790	\$530,280	\$530,280	\$530,280	\$539,641	\$580,584
HONOLULU-ELDERLY AFFAIRS DIVISION	\$2,214,516	\$2,239,135	\$2,471,458	\$2,532,458	\$2,567,921	\$2,946,860
MAUI COUNTY OFFICE ON AGING	\$603,294	\$599,244	\$599,244	\$599,244	\$614,089	\$680,283
HAWAII COUNTY OFFICE OF AGING	\$686,647	\$682,056	\$682,056	\$694,769	\$685,039	\$646,578
<b>Total (GENERAL Funds)</b>	<b>\$4,038,247</b>	<b>\$4,050,715</b>	<b>\$4,283,038</b>	<b>\$4,356,751</b>	<b>\$4,406,690</b>	<b>\$4,854,305</b>
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<u>FEDERAL FUNDS</u>	1997	1998	1999	2000	2001	2002
KAUAI AGENCY ON ELDERLY AFFAIRS	\$469,623	\$429,605	\$539,641	\$443,743	\$443,743	\$491,988
HONOLULU-ELDERLY AFFAIRS DIVISION	\$2,437,093	\$2,551,336	\$2,583,921	\$2,687,811	\$2,687,811	\$2,532,190
MAUI-COUNTY OFFICE ON AGING	\$705,000	\$842,314	\$614,089	\$703,381	\$703,381	\$787,555
HAWAII-COUNTY OFFICE OF AGING	\$531,334	\$811,283	\$685,039	\$860,475	\$860,475	\$1,011,961
<b>Total (FEDERAL funds)</b>	<b>\$4,143,050</b>	<b>\$4,634,538</b>	<b>\$4,422,690</b>	<b>\$4,695,410</b>	<b>\$4,695,410</b>	<b>\$4,823,694</b>
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## **2002 ACCOMPLISHMENTS**

FY 2002 was a year characterized by anxiety and an economic downturn as a result of the September 11 tragedy. Despite the uncertainties, the EOA and its partners accomplished the following:

- Conducted an Actuarial Study for Hawai'i's Long Term Care Financing Program
- Supported a Temporary Board of Trustees which completed a Report of Recommendations to the Legislature for the Hawai'i Long Term Care Financing Program
- Assisted in the planning for a Summit to address the issue of Long Term Care
- Completed a report of recommended legislative action to regulate death care providers
- Secured a grant from Department of Justice to conduct Sentinel Training of elder care workers
- Initiated the statewide elder abuse Project REACH
- Started the Long Term Care Ombudsman Volunteer Program
- Kokua Mau's End of Life Care Program competed nationally and was one of fifteen finalists for the Innovations in American Government Award sponsored by Harvard University's John F. Kennedy School of Government and the Ford Foundation
- Assisted four states on the U.S. continent to develop sustainable end of life activities and programs within their own aging network structure
- Integrated end of life into other programs within the aging network
- Organized (Community Voices Project) new communities and undertook several community projects, and held second statewide conference

- Completed an evaluation of the Kupuna Care Program
- Initiated the Self Determination Demonstration Project
- Continued training and certification of volunteers for the SAGEWATCH and Sage Plus programs
- Transitioned to a new data collection system (SAMS) that will streamline reporting from the AAAs to EOA and vice-versa
- Started a process to integrate a new software program into its accounting and financial management services which will eventually tie its fiscal, budget and client tracking components into one integrated electronic network
- Initiated the Caregivers Resource Initiative (CRI) and organized the Hawai'i Caregivers Network
- Sponsored the PBS Show "And Thou Shalt Honor" and its accompanying half-hour locally-produced program featuring a panel discussion

## HAWAI'I'S 2002 OUTSTANDING OLDER AMERICANS



One of the many ways by which Hawai'i's Aging Network promotes awareness of aging issues is by giving recognition to individuals and programs that serve the interests of its aging population. During Older Americans Month in May 2002, the following older individuals were honored for their distinguished contributions to their respective communities during a ceremony in the Governor's Office and luncheon at the Washington Place hosted by the First Lady, Vicky Cayetano.

### County of Kauai

**Mrs. Kazue Taniguchi** of Waimea. After retiring as a public school teacher with 40 years of experience, Mrs. Taniguchi was asked to return to DOE as the Preschool Coordinator for Special Needs Children between the ages of 3 to 5 years and served for seven years. She initiated and helped organize a Student Crimestoppers Program working closely with Officer Alvin Seto. Mrs. Taniguchi was also instrumental in organizing a Neighborhood Watch Program in the Waimea area surrounding Waimea High School. She is called an

“Angel of Mercy” for her random acts of kindness that had brought much comfort to many families in Waimea.

**Mr. Paul T. Douglass** of Lihue. Since retiring from his career with Matson Navigation in 1999, Mr. Douglass has elevated the art of volunteerism to a full time job. He is more proactive in community causes now that he is retired. In the past year he has served on a number of nonprofit boards on Kauai, including Food Bank, Humane Society, United Way, American Cancer Society, and several other organizations. He was an original founding member of the Kauai Food Bank and served as their Vice President for the past two years. Under his leadership the Food Bank has seen major improvements in refrigeration and has a fleet of vehicles. It has also won the World Hunger Year Award and Weinberg AIM for Excellence Award for outstanding nonprofit management under his leadership.

#### City and County of Honolulu

**Ms. Hazel Kauahikaua.** Ms. Kauahikaua sees only the good in a person and makes every effort to accentuate their best skills. Evidence of this gift of discernment is in the list of organizations that have called upon her to help. Although she has given to many, it is clear her heart is closest to those of her faith, vocation, and Hawaiian heritage. Hawaiian Homelands, Hawaiian Civic Clubs, Friends of Iolani Palace, United Church of Christ, Oahu and State Councils of Hawaiian Churches and Liliuokalani Church, and Oahu and State Retired Teachers Association are only some to which she has given her time, talent, and caring hands.

**Mr. Clifford Takishita.** “Devotion” is the best word to describe Clifford Takishita’s service to Project Dana. He was so convinced of the need for the services it gives that he not only became a volunteer but also their master recruiter. Since 1991, he has enlisted 67 volunteers to help the agency. He leads by example, visiting clients in nursing and care homes, coordinating and attending training, transporting clients, and making friendly visits. For many years, he was a caregiver for a bachelor brother on Maui. His nominator describes his style as one of humility and benevolence, truly a living example of “Dana” – selfless giving.



## County of Maui

**Ms. Elsie T. Ota.** Elsie Ota retired after 40 years of service to the County of Maui. However, “retiree” status has not slowed her down. She became a single mother to three young children after her husband died, under tragic circumstances, when she was 31 years of age, and at a time when she was a caregiver to her own mother. With “quiet resolve,” She moved on with life by working hard to keep her family together. All her children are successful adults now. She is very active in the community and with her church. She is known to be dependable, “unassuming,” and full of “vim and vigor.”

**Mr. Rafael P. Acoba.** Tata Rafael retired from the Maui Police Department as a Lieutenant. He was the first Filipino-American in the department to reach this rank. This year, he was also recognized in Washington, D.C. at the annual Twenty Outstanding Filipino Americans Recognition Ceremony. He remains active with the Maui Filipino Community Council and with numerous church and civic affairs. Tata Rafael continues to be the principal broker in his own Real Estate Company. He sees his involvement in the community as a “token of love and humility.”

## County of Hawai‘i

**Ms. Donna W. Saiki** of Hilo. This energetic lady possesses a “heart of gold.” Since retiring five years ago, she continued to dedicate her life to improve the community in which she lives – from her neighborhood as president of the Leleiwi Community Association, to her church community, St. Joseph Church and East Hawai‘i Hospital Ministry, the Kalakaua Community Center, and to the larger community where she chaired the Hawai‘i Island United Way annual drive for two years. In addition, she currently volunteers for the Tsunami Museum and the Downtown Improvement Association. She is a member of Destination Hilo. She does all of this with considerable warmth, friendliness, and dedication. Donna is truly a living treasure of her island community.

**Mr. Norman Sakata** of Kailua-Kona. Mr. Sakata has been involved in many community activities promoting Kona, encouraging youth, bringing comfort to the disabled and their families, promoting the

Japanese culture in Hawai‘i, and extending graciously all Hawai‘i has to offer through his many trips to the mainland. He has been active with the Hawai‘i Lions Foundation, Hawai‘i Lions Eye Bank and Makana Foundation, Uchida Farm Project, Japanese American National Museum, Northwest Lions Eye Bank in Seattle, WA, and Kona Coffee Cultural Festival. He was also active with the Kona Arts Center, Japanese Civic Association, Boy Scouts of America, Ellison Onizuka Memorial, and Hongwanji Mission. His selfless life’s work with the Lions Eye Bank and Makana Foundation stems from his personal experience. This energetic man states he needs more days in the week and months in a year to achieve all that he wants to do in his lifetime.

### **EOA on the Web (EOA Home Page)**

The EOA Internet site, [www2.state.hi.us/ea/](http://www2.state.hi.us/ea/), provides information on the local aging network, services available, news releases, legislation, reports, newsletter, documents, and links to aging related agencies and topics.

## APPENDIX A

### **HIGHLIGHTS OF ACCOMPLISHMENTS OF THE AREA AGENCIES ON AGING 2002**

#### Kauai Agency on Elderly Affairs:

- Restructured the Na Kupuna Advisory Council, which consists of representatives from each senior center site, community partnerships, and the senior community. Discussions were held between Parks and Recreation and Na Kupuna Council to define the link between the two.
- Implemented the Kupuna Care Cost Share program. Service providers tracked and billed seniors that KAEA identified as having a cost share.

#### Honolulu Elderly Affairs Division:

- Sponsored the 1<sup>st</sup> Annual Caregivers' Conference held in July with 547 participants attending.
- Supervised the successful transfer of VOCA Case Management services to elder victims of crime from CFS to DHS.
- Began surveying existing service providers for FY 2003-2007 Area Plan on Aging.

#### Maui County Office on Aging:

- Joined the Maui Long Term Care Strategic Planning Partnership, a consortium of 19 agencies and 4 individuals representing elder care, senior consumers, business development, community action and educational organizations, and government, and assisted by the UH Center on Aging and EOA. It is one of thirteen recipients of a \$175,000 award by the RWJ Foundation to expand the choices and quality of cost-effective, long term care services for Maui residents. It endeavors to work as a cross-functional, volunteer, community group to develop a long term care strategic plan, inclusive of home, community and facility based long term care services.
- Received grants for two community voices groups, West Maui and Upcountry, (\$14,000 and \$15,000 grants respectively) from the Hawai'i Community Foundation. The West Maui CVP printed 8,000 resource directories for senior citizens and the physically and mentally challenged individuals. The Upcountry CVP project was able to readdress approximately 85% of residences in the upcountry area and was also able to successfully negotiate for an increase in ambulance service in the area from 12 to 14 hours.
- Received an additional \$19,000 increase in the County General Revenue funds in its budget for the fiscal year, allowing staff to attend conferences, increase

training opportunities for building awareness and technical assistance, and target federal and state dollars for services. It also allowed for the purchase of needed computer hardware and software, replacements for staff cars and for office space repairs and refurbishments.

#### Hawai'i County Office on Aging:

- Successfully implemented and completed two Aging Institute of Hawai'i Gerontology 5-week series in Hilo and Kona. Approximately 20 participants received certificates of completion. The class was taught by Dr. Michael Cheang of the UH Center on Aging and funded through a grant from the Employment Training Fund of the State Department of Labor. Positive participants' evaluation of the series prompted subsequent dissemination of the curriculum at the Hawai'i Pacific Gerontological Society Conference in Honolulu during the later part of 2002.
- Successfully installed the SAMS2000 software and the accompanying modules such as Beacon and Omnia in preparation for statewide implementation of standardized computerized elderly/resource data activities and NAPIS reporting requirements.
- Hired an Information and Assistance Coordinator using Title IIIIE funds to implement and coordinate centralized handling of family caregivers' telephone information inquiry and referral to appropriate services. Furthermore, HCOA collaborated with Hawai'i Caregivers' Network, HMSA, AARP and First Hawaiian Bank in organizing and convening two Caregiver's Conferences in Kona and Hilo reaching over 200 Big Island caregivers.
- The Legal Aid Society of Hawai'i (LASH) conducted twenty-five community legal educational programs to approximately 400 older participants throughout the Big Island during the fiscal year. Topics covered included Medicare, Medicaid, elder abuse, Adult Protective Services, and a comprehensive overview of public benefits for older adults in Hawai'i. In addition, LASH provided in-service training to eldercare agencies' staff on a regular basis.

## APPENDIX B

### **HIGHLIGHTS OF ACCOMPLISHMENTS IN AGING EXECUTIVE OFFICE ON AGING (EOA) 1995-2002**

#### **Overview**

Since 1995, the EOA continued a mission to serve Hawai'i's older adults and families through advocacy and leadership roles in policy, planning, and evaluation of aging issues, as well as to provide information and coordinate services to older persons.

During the year 1995, EOA administered Federal, State and private funds for adults 60 and older in Hawai'i. Between the 1990 and 2000 Census, the numbers of persons aged sixty years and older increased from 173,733 to 207,001. Over the past eight years, the challenge has been to serve the increasing numbers of elderly in our population without significant increases in funding in either the State or Federal budget. To maintain the existing level of services, funds had to be directed to services where negotiated rates had risen over the years. Some funding of services had to also be transitioned to other non-state and federal funding sources.

We successfully sought to increase our private funding. This has allowed us to fund the Older Americans Month luncheon and ceremony held in May 2002, as well as, underwrite the costs of both the End of Life Care and Community Voices Projects. The office also met the challenge of administrative transitions from attachment for administrative purposes to the Governor's Office, then to the Department of Human Services, and finally to the Department of Health.

Research efforts remain a priority at EOA. Driven by increasing need and demand for reliable information concerning the demographics of the older adult population and its characteristics, EOA issued an array of publications including:

- Guidelines for Long Term Care (1997)
- Cooperative Association Models-Potential for Long Term Care in Hawaii (1997)
- The Governor's Blue Ribbon Panel on Living and Dying With Dignity - Final Report (1998)
- The Hawai'i Data Book for Older Adults (1998)
- Project 2011: A Strategic Plan for Action (1998)
- Project 2011: Baby Boomers and Retirement: Challenges and Opportunities (1999)
- A Compendium of Hawai'i's Laws Affecting Older Adults (1999)
- Baby Boomer Data- Hawai'i 2000 (2000)
- Final Report on the Work and Recommendations of the Governor's Committee on Elder Abuse (2000)
- End-of-Life Care: An Aging Network Issue, Advocacy Guide and Resource Kit
- Housing Guide for Hawai'i's Older Adults (2002)
- The Hawaii Long-Term Care Financing Program, Report of the Temporary Board of Trustees (2002)
- GIS maps and Census 2000 data for Reference Purposes (2003)

Older adults in Hawai‘i comprise nearly 20% of our population, and these numbers are expected to increase rapidly. As the last Census demonstrates, Hawai‘i leads the nation in longevity with a 68.8% increase in the number of persons living to age of 85 and older. Hawai‘i's older adults live longer than those in any other state and face some unique challenges. The high cost of living, skyrocketing cost of health care, a limited supply of affordable housing, and higher rate of labor force participation by women, are some of the greater challenges confronting the needs of the frail and vulnerable older adult population, their caregivers, and families. Services to elders and their caregivers have developed incrementally as small amounts of funding became available rather than comprehensively.

Since the state's population of the oldest old (those over 85), is growing at a rate double the rest of the nation, a systematic approach emphasizing the needs of the frailest and most vulnerable adults became evident during our tenure. The Older Americans Act requires we give preference to those with the greatest social and economic needs. Priorities have evolved to meet the needs of our aging population. As a direct result, in the last two years since the Census 2000, we have reprioritized our focus to the population of elders who are the most frail and most in need. The resources designed to support the priorities identified below seek improvements for a greater, more comprehensive system of care for all in the aging population.

### **Priority Issues**

EOA's strategies over the past eight years were focused around five major priority issue areas:

- Information
- Programs and services
- Elder rights and benefits
- Individual and community empowerment
- Leadership and partnerships

### **Priority Populations and Special Projects and Programs**

During the last few years we have also identified six populations as priorities among the older adult population:

1. Frail elders
2. Family caregivers of frail elders
3. Victims and potential victims of elder abuse and neglect
4. Elders nearing the end of their lives and their families
5. Well elders who are beginning to need assistance
6. Well elders, their families, and the general community

**The following section highlights programs that support priority populations at EOA:**

- 1. FRAIL ELDERS ARE THOSE WHO CANNOT PERFORM AT LEAST TWO ACTIVITIES OF DAILY LIVING OR INSTRUMENTAL ACTIVITIES OF DAILY LIVING OR HAVE ONE MAJOR COGNITIVE DISABILITY.**

### **Kupuna Care**

The Aging Network reorganized its funding to create a more visible, accountable statewide system of home and community based services for frail elders. Rather than maintaining the previous program that did not have a clear definition, name recognition, or consistency in what was offered statewide. Kupuna Care was chosen as the name for the new program. The program offers eight discrete services identified as those most important to helping frail elders remain in their own homes. These services are case management, assisted transportation, attendant care, homemaker, chore, adult day care, personal care, and home delivered meals.

Due to decreased funding in the mid 1990s, a cost share provision was added based on the income of those using the services. In a collaborative effort, the EOA and Area Agencies on Aging added new methods of accountability, new program outcomes and a strong evaluation component. In 2002, 6648 persons were served.

EOA staff provided training in team management concepts, which were then used to guide the staff work. In 2000 EOA, was awarded the Government Efficiency Training Award for staff teamwork in developing the Kupuna Care Program.

### **Self Determination Demonstration Project**

A more recent outgrowth of Kupuna Care has been the Self Determination Demonstration Project. EOA, in concert with the Department of Health, is participating in a Federal CMS grant under the Real Choices project. We will be testing a new approach to the provision of home and community based care that offers more choices for frail elders and their caregivers to tailor the resources they have according to their individual needs. A portion of state dollars from Kupuna Care will be used to serve a small group of frail elders in the Pearl City area using self-determination methods and building informal support systems. Evaluation of this project will help us decide how best to craft self determination methods into our programs and services on a larger scale in the future. This project represents a major paradigm transition into shifting the decisions about care preferences into the hands of those who need and use the services.

There are **four guiding principles** in the self-determination model:

- Freedom means consumers can choose the services they want and need
- Authority gives the consumer the ability to make final decisions



- Support means the consumer receives the information and counseling needed to make wise choices
- Responsibility means the consumer gets the services through his/her own actions and accepts the consequences of these decisions

The **mission** of the project is:

*All persons in Hawai‘i with long-term care needs and their families will be effectively supported to determine their own visions of a high quality of life and to have substantial control over how services and supports are used to achieve their visions.*

### **Long Term Care Ombudsman**

The Long Term Care Ombudsman Program is funded by a combination of state and federal funds to respond to complaints and problems of residents living in LTC facilities such as Nursing Homes, Adult Residential Care Homes, Assisted Living Facilities, and other LTC facilities.

The LTCO:

- Works with various organizations, residents, and their families to improve the quality of life of LTC residents
- Provides information, referral and consultation to families, service providers, and the general public on LTC issues
- Works with licensing, certification, and other enforcement agencies to improve quality of care in LTC facilities
- Protects the rights of residents in LTC facilities (i.e. physical abuse, financial issues, restraints, etc.)

In Hawai‘i we currently have 46 licensed nursing facilities, approximately 56 adult residential care homes, and 4 assisted living facilities with a total bed capacity of over 8,000. The Older Americans Act requires that all residents be provided with "timely and regular access" to the Long Term Care Ombudsman. Hawai‘i falls far short of the Institute on Medicine's recommendation of one Ombudsman per 2,000 residents. To meet this recommendation, Hawai‘i would need to hire 2 more Ombudsmen. Because of budgetary restraints this has not been possible. However, we have been successful in increasing our visibility and providing greater access for LTC residents by initiating a LTC Ombudsman Volunteer Program.

### **Long Term Care Ombudsman Volunteer Program**

An appropriation by the state legislature funded a Long Term Care Ombudsman Volunteer Program. Two staff members were hired to oversee the project. Volunteers act as program representatives and assist the LTCO in ensuring that residents and their family members are educated regarding Resident Rights according to federal and state regulations. These rights include freedom from any type of abuse or neglect. Volunteers become certified after receiving 20 hours of classroom training and 8 hours of on-site

training at their assigned nursing home. The training covers many areas impacting the lives of residents. Since the beginning of the program, 16 volunteers have reached over 700 residents and many family members.

Our initial focus has been on Oahu's nursing facilities, but starting in 2003 we will begin recruiting and training volunteers for all islands and will also begin placing our volunteers in licensed adult residential care homes and licensed assisted living facilities. Our volunteers represent many varied backgrounds, educational levels, and past careers, but they are all united by the same goal to advocate for those seniors who are too afraid or too frail or otherwise unable to advocate for themselves.

## **2. FAMILY CAREGIVERS OF FRAIL ELDERLY ARE UNPAID AND INFORMAL CAREGIVERS, RELATED OR UNRELATED (I.E. FRIENDS AND NEIGHBORS) WHO PROVIDE CARE FOR ELDERLY WHO CANNOT COMPLETELY CARE FOR THEMSELVES**

### **National Family Caregivers Support Program**

The Older Americans Act Amendments of 2000 established the National Family Caregiver Support Program. This program shifted the aging network into serving a new constituency for the first time since the Act was enacted in 1965. A modest federal appropriation allows the aging network to serve caregivers of frail elders under five program categories:

- Information and outreach
- Assistance
- Individual counseling, support groups, and training
- Respite services
- Supplemental services

The development of a statewide systematic approach and policies will build on the work being completed by the Caregivers Resource Initiative.

### **Caregivers Resource Initiative**

In 2001, EOA used state administrative funding to start the Caregivers Resource Initiative (CRI). It is estimated that approximately 1 out of every 4 households provide care giving. Nationally, it is estimated that family caregivers provide over \$200 billion dollars in care and in Hawai'i it is estimated that family caregivers provide about \$875 million in care. Family care giving is a vital piece in the long-term care services puzzle. Without the countless hours of service family caregivers provide, the nation's long-term care system would collapse. The project was created to determine caregivers' needs and priorities. More importantly, it initiated the development of a system of support services and products for caregivers.

The CRI project is being developed to promote and enhance caregiver support efforts at the state level by partnering and collaborating with various stakeholders in the community to develop caregiver resources and support statewide. Given the dynamic nature of the project and potential budgetary constraints, the project may include, but is not limited to the following:

- Development of a statewide Family Caregivers Network.
- Development of a statewide family caregivers newsletter.
- Development of a family caregivers website.
- Development of a Caregivers' Story database.
- Research of federal legislation affecting family caregivers.
- Research and analysis of other states' legislative efforts to support family caregivers.
- Educational efforts on family caregivers issues for state policy makers and the general public.
- Development of miscellaneous supportive efforts for family caregivers (i.e. "And Thou Shalt Honor" Panel Discussion, Governor's proclamation, etc.)

**3. VICTIMS OR POTENTIAL VICTIMS OF ELDER ABUSE AND NEGLECT ARE ELDERS WHO HAVE BEEN IDENTIFIED AS ABUSED OR NEGLECTED AS DEFINED BY THE DEPENDENT ADULT PROTECTIVE SERVICES STATUTE, CHAPTER 348, HRS AND THOSE WHO ARE AT HIGH RISK OF ABUSE.**

**Project REACH**

Project Reach, established in 2001, seeks to find older adults before they become victims of abuse and neglect and serves those who might already be victims by helping to prevent recurring incidences. Based on national estimates, 6,000 to 10,000 older adults may be victims of elder abuse and neglect in Hawai'i each year. Yet, fewer than 400 incidences are reported annually. Less than half are confirmed cases.

In 2000, EOA sought to establish the needs and priorities for the prevention of elder abuse and neglect. This work became a roadmap for the systems development being undertaken in a new endeavor called Project Reach. Of the 35 professionals surveyed, the targeted areas for prevention of abuse were identified as:

- Amend the Dependent Protective Services and Criminal Laws
- Provide for quality assurance in authorizing licensure and certification standards of care
- Design and establish a service system for preventing abuse and neglect
- Provide for public and professional education and training

This project was started primarily with appropriations from the state legislature and supplemented with funds from the Older Americans Act and Department of Justice. There are four components:

- a. Training will be given for workers who go into the homes of frail elders, including police departments. We anticipate a more informed and watchful group of workers or “sentinels” with access to relatively isolated individuals so potential problems may be identified and referrals for assistance initiated before severe problems occur.
- b. A public awareness effort will help the community understand there is a problem, the nature and extent of the problem, as well as what to do about it.
- c. Case management and counseling resources will help avoid problems or to help break the cycle of abuse and neglect.
- d. Systems development will help to identify and form linkages among agencies and organizations involved in assisting with the issues.

#### **4. ELDERS NEARING THE END OF THEIR LIVES, THEIR FAMILIES, AND PROFESSIONALS SERVING THEM**

##### **Kokua Mau (*Continuous Care*)**

The Kokua Mau project addresses the issues involved in end of life care. End of life care refers to the full range of palliative care, social, and legal issues affecting people who are nearing the end of their lives or preparing for the eventuality of it. Its vision is:

*To weave a lei of community support so the people of Hawai‘i can die in the place of their choice, free of pain and suffering, and in accordance with their values, traditions, and customs.*

In Hawai‘i approximately 8,000 persons die each year, the majority of whom are age 60 and older. Following the recommendations of the Governor’s Blue Ribbon Panel on Living and Dying with Dignity, EOA and three partners applied for private funding to carry out six of the eight recommendations. Primary funding for Kokua Mau came from the Robert Wood Johnson Foundation and Archstone Foundation with contributions from local funders. EOA is the coordinator of the project and responsible for policy development. St. Francis Health Care System, Hawaiian Island Hospice Organization, and University of Hawai‘i, Center on Aging completed the partnership.

From our investigations, we realized that there is very little assistance given to older adults who are at the end of their lives. In spite of technological advances available to ease their suffering, many die alone and in pain. Many do not have access to spiritual support and most do not have Advance Directives to indicate how they wish to be cared for at the end their lives. A large coalition of interested agencies and individuals was organized to address the many and varied issues. These ranged from health care institutions, long-term care facilities, community agencies, religious organizations, and many others interested in improving end of life care in Hawai‘i.

In 2001, EOA, on behalf of the Kokua Mau project, was one of fifteen finalists out of 1200 applicants in the Innovations in American Government Award competition from the

JFK School of Government at Harvard University and the Ford Foundation. Just recently we were notified, that again, we are among the top 100 semifinalists for this award for 2002.

The Kokua Mau project is also integrating all we have learned in the last 4 years about issues back into sustainable efforts within the aging network. This includes information and assistance in all four counties, the long term care ombudsman training, service provider training, training of clergy and health care professionals, and changes in public policy to move this effort forward.

A more recent project within this effort has been assisting other states develop sustainable end of life activities and programs within their own aging network structures. To date EOA staff have facilitated and trained interested persons in four states with notable success. Funding applications are pending that would allow us to continue this important work.

Accomplishments include:

- Passage of the Uniform Health Care Decisions Act in 1999
- Organized a speaker's bureau that has reached more than 20,000 persons to date
- Reached over 847,000 persons via the media were reached in a partnership effort with the Hawai'i Association of Broadcasters
- Increased by 10% the numbers of persons in Hawai'i with advanced directives from 1998 to 2000
- Increased Hospice referrals, admissions, and length of stay
- Documented that as of November 2002, 21% of residents who renewed their drivers' licenses now indicate they have an advance directive
- Became the only state to received two A's on the Last Acts State Report Card and the only state to receive a B or better in the area of pain in nursing homes
- Provided professional education, the most recent success being an all-day workshop for 160 RNs, case managers and MSWs with collaboration of HMSA, Kaiser, UH Department of Geriatric Medicine, Hawaiian Islands Hospice Organization, the National Association of Social Workers, and others.

#### **5-6. WELL ELDERS WHO ARE BEGINNING TO NEED ASSISTANCE, THEIR FAMILIES, AND THE GENERAL COMMUNITY**

Well elders' programs are varied and address primarily the need for information and assistance (I&A) and training. Although not confined to serving only those who are well, this has been one of our primary methods of bringing a host of information to a large number of people that will benefit older adults and their caregivers. I&A functions at the state and county levels and remains the core of the aging network. In 2001, the four county-based I&A services received 36,788 calls.

To meet the challenges of the century, EOA and Area Agencies on Aging (AAA) will move from a supportive services system to one that encourages self-sufficiency through

provision of information, knowledge and understanding, and empowerment. Our federal funding provides transportation and congregate meals to well elders. Legal assistance to well and frail elders, health education, and health promotion activities are provided as funding allows. The general community is also served through information and public awareness of aging related issues.

### **2011 Project:**

In 1996, EOA initiated, with assistance from the University of Hawai'i, a visioning and strategic planning process, *Hawai'i Summit: 2011 Project* to chart a course for the 21<sup>st</sup> century. (The project was named Hawai'i Summit: 2011 Project because in the year 2011 the first of the baby boomers will turn 65 years of age). The process brought together a diverse group of individuals from across the state to determine how best to prepare for an aging society. Planning began to:

- Develop a Hawai'i perspective on aging by expanding participation from the community;
- Identify key issues and concerns related to aging
- Develop and implement strategic actions for addressing the needs of an aging society.

A kick off conference "Long Life, Good Life" was held in 1996 to raise the awareness about the demographic revolution. Over two hundred conferees participated in the event. Participants heard presentations and later met in groups to share their perspectives on strategies that could be taken to prepare for an aging society. Following the conference, a series of meetings were held to identify trends, values, and develop *possible, probable and preferred* scenarios for aging. Following this phase, work groups met to develop recommendations for policies, programs, and projects that could lead towards reaching the articulated visions.

Groups worked around three areas: individual and community well being; economic well-being and security; and physical environment. The recommendations were later presented at the final *Hawai'i Summit: 2011 Project* conference. Conference participants heard speakers, engaged in small group discussions, and ranked and developed action strategies. The input resulted in the *Hawai'i Summit: Project 2011, A Strategic Plan for Action, final report*.

### **Community Voices Project**

As an outgrowth of the Summit 2011 Project, which sought ways to help our statewide community prepare for the demographic changes of this century, the Community Voices Project (CVP) was developed. Through recognition of the wealth of resources in the community, we took steps to build upon the strengths and assets of Hawai'i's communities to meet the challenges of a growing elder population. EOA and the AAAs collaborated with geographically based communities to better define specific local needs, identify new resources, and seek collaborative solutions. This process used

grassroots planning approaches to enable communities to address specific aging issues. There were three major components of the project: training, community organizing, and project implementation.

Over a four year period, six training sessions were conducted, including sessions on community capacity building; values-based community development; community leadership (the art of facilitation and strategic planning); outcomes planning and evaluation; strategic planning; and specially tailored ones to meet geographic educational needs. Communities were later involved in community organizing activities including assets mapping, identifying issues, seeking solutions, developing work plans, and implementing strategies to address issues.

Nineteen geographic communities were actively involved in the project. Over twenty small-scale projects have been completed or are on going. An example of a project was the Community Voices Upcountry (CVU) Re-addressing for Safety Project. The community had identified accurate street names and house numbers as a major safety issue for older residents and developed the project. The CVU sought and received a grant from the Hawai'i Community Foundation. With the funds received, the CVU purchased house numbers and made them available to Kula residents. At the end of July 2002, approximately 52% of Kula residents picked up free numbers through the project. The project partners included: Hawai'i Community Foundation, Kula Ace Hardware Store, Kula Community Association, Kula United States Postal Service, Legal Aid Society of Hawai'i, Maui County Land Use and Codes Administration, and Maui County Office on Aging.

Two statewide conferences were held to honor the work of participating communities. The conferences were designed to celebrate the success of each community and further networking by exchanging ideas among the community participants.

Funds for this work have been provided by the private sector, namely the Hawai'i Community Foundation, McInerney Foundation, and HMSA.

### **SAGE PLUS and SageWatch**

These two federally funded volunteer programs are aimed at helping consumers understand the Medicare and Medicaid programs, their benefits, and their role in helping to prevent fraud waste and abuse. Dozens of volunteers are working statewide to bring valuable information to seniors and their families across the state.

### **SAGE PLUS**

Funding for the SAGE PLUS program continues through a grant from the Center for Medicare and Medicaid Services, U.S. Department of Health and Human Services. The SAGE PLUS program provides information, assistance, counseling, and referrals on senior health insurance options by trained volunteer counselors and staff. The primary focus of the counseling centers around Medicare, Medicare+Choice, Medigap

Insurance, Medicaid, and Long Term Care Insurance. The information provided is free, objective, and confidential. Presentations are also provided on any of the counseling topics at community organizations, clubs, and other interested groups. SAGE PLUS is also represented at the various senior fairs across the state. SAGE PLUS is available statewide and a toll-free hotline is available.

Over the past 10 years SAGE PLUS has experienced continual growth in the volunteer area. In 1993, twelve volunteers were certified at Ft. Ruger in Honolulu and several of those volunteers are still with the program to this date. Currently, there are over 50 active volunteers statewide, providing approximately 3500 volunteer hours each year. In 2002 we had approximately 400 calls per month. Volunteers and staff handle incoming phone calls Monday-Friday (excluding state holidays), with a response time of 24 hours or the next working day. The SAGE PLUS program has a strong link to the community through various community partners. A coalition has been built over the past eight years with the Medicare partners including, Noridian Administrative Services, Cigna Healthcare Medicare Administration, Health Net Federal Services, Center for Medicare and Medicaid Services, Kaiser Permanente, and Hawai'i Medical Service Association.

SAGE PLUS has partnered with Kokua Mau over the past year to assist in educating people about end of life issues in the community and also worked nation-wide with the state SHIPs (State Health Insurance Assistance Program) on training volunteers to talk about end of life issues and hospice through their programs.

### SageWatch

SageWatch is one of 51 projects in the nation and in Puerto Rico whose mission is to recruit, train, and retain retired professionals to give presentations to the community about preventing Medicare/Medicaid fraud, waste, and abuse.

Our original Coordinating Council, organized in 1997, has remained fairly stable and continues to include representatives from the insurance industry; fiscal intermediaries; communities groups; consumer groups; health care providers; law enforcement agencies; the University of Hawai'i, the Department of Commerce and Consumer Affairs, the Centers for Medicare and Medicaid Services, and the City and County of Honolulu, Elderly Affairs Division.

To date, we have 67 trained volunteers in volunteers groups on all major islands. SageWatch has made it a priority to reach rural and underserved beneficiaries with our information, so many of our volunteers travel to some of the more remote areas on the neighbor islands. Our presentations and strategies for reaching the underserved communities have become a model for other Senior Medicare Patrol Projects across the country and have been reproduced for use in different communities. Each year, SageWatch volunteers give presentations to approximately 3,000 persons statewide.



We attend at least three senior fairs on Oahu and one fair on each of the neighbor islands. We have videotaped public service announcements (PSA) that are aired on ethnic television and radio stations on a regular basis. We have distributed our “goody bags” to clients of the meals on wheels programs in an attempt to reach isolated individuals. We continue to update information on our website and have added our 30-second PSA can be viewed on the site. Our numbers indicate we reach between 500,000 - 750,000 persons annually through newspapers, television, radio, and newsletters.

We continue to provide our volunteers with the most current information about developments in all aspects of Medicare/Medicaid fraud, waste, and abuse by inviting experts to speak at volunteer meetings and by providing updated written information for volunteers to add to their training manuals.

In addition to giving presentations, SageWatch is encouraging beneficiaries to contact the program with questions about Medicare Summary notices or if they suspect they may have been victims of Medicare fraud. Many of the calls we receive can be resolved on a local basis. The rest of the calls are referred to the Medicare contractors on the mainland for further investigation. We are working closely with the Medicare contractors to develop a tracking system to be able to determine the result of the referrals made by the SageWatch Program.

SageWatch and SAGE PLUS have jointly developed a six-week adult education course entitled “Navigating the Medicare Maze.” The course was developed as an effort to answer questions beneficiaries, caregivers, and pre-Medicare recipients have about the various components of these programs. Each person attending the class receives a “Navigating the Maze” manual covering 12 topics related to Medicare, Medicaid and Long Term Care Insurance developed by staff. Specialists in the various topic areas are brought in to teach the classes. The first two sessions of the class have been highly rated by participants and will be offered again in the spring.

### **Policy and Legislative Efforts**

EOA continually strives to address necessary policy changes to assure the well being of the state’s older adults and those who support them. A primary effort was launched in the late 1980s and continued in the 1990’s to find a sustainable source of funding for elders who need home and community based care and who have incomes above the poverty level. As a result of a broad based effort to find sources of dollars to address the burgeoning older adult population’s long term care needs, we concluded that a tax based program would be the only way we could meet the needs of such a large number of frail citizens.

Even conservative economists and researchers are concluding without an increase in taxes to support older adults, government will not be able to address even the most basic needs for a population slated to quadruple in this century. Defining the role of

government in this issue is a major challenge. Should the government decline substantive responsibility for these needs, we will continue to see tremendous increases on the demands on the health care system – many of which could be avoided by less expensive kinds of care were there adequate sources of funding for it.

On the legislative forefront, EOA worked on the successful passage of new laws, including the following:

- The creation of a Joint Legislative Committee to examine Long Term Care Financing, and Surrogate-Decision Making Demonstration Project (1997);
- Staffing and policy support for the Governor's Blue Ribbon Panel on Living and Dying with Dignity (1997);
- Increasing the estate value of guardianship of the property for small estates, and liberalizing the right to grandparent visitation (1998);
- Support for the Governor's Committee on Elder Abuse and Neglect (1999);
- Establishment of a Long-Term Care Ombudsman Volunteer Program (2001);
- Comprehensive act for individuals to control end of life decisions, the "UHCDA" and Hospice Services Act to increase the availability of hospice (1999);
- Provisions to designate Advance Health-Care Directive on Drivers' Licenses (2000);
- Adoption of LTC Insurance Model Act and Regulations (1999);
- Actuarial Study for Hawai'i Long Term Care Financing Program (2001);
- Establishment of the Hawai'i Long-Term Care Financing Program and staff support for the Temporary Board of Trustees (2002);
- Summit to address the establishment of a Hawai'i Long Term Care System (2002).

A significant area where we will continue to seek improvement is in the state's protection of elders in adult residential care homes and institutional settings to minimize the risk of harm. We will work to preserve the state's right to unannounced inspections and criminal history checks of employees in all licensed care settings.

### **Administrative Issues**

We are currently integrating a new software program into our accounting and financial management services as we restructure our management information service (MIS). This MIS will eventually tie our fiscal, budget, and client tracking components into one integrated electronic network. We anticipate our data will improve by increasing accountability with faster access to statewide data.

## **Future Issues**

The future of aging in Hawai‘i depends upon how committed we are in the resolution of key issues. Policy issues are of paramount importance particularly in helping to define the role of stakeholders in long term care. Key questions must be answered:

- What is the proper role of government?
- Where will we find the resources to care for a population that already threatens to overwhelm us, at the same time, knowing this population will quadruple over the next 30-40 years?
- How do we strive for a healthy aging population?
- How do we help folks who are financially unable to find adequate levels of support and health care?

Our challenge is to develop resources to assist the needs of all elders, well and frail, as well as the families who support them in an era of financial constraints.

Trends include moving resources into the hands of our clients so they may have maximum oversight in defining how they are to be used. Yet the state must maintain responsibility for the quality of the care that consumers purchase. It must have a strong supportive role in assisting elders and their families in guiding them through the maze of finding care and the state must help with developing and maintaining an active trained workforce.

Since 1988, EOA has sought creative ways to fund long term care that will be comprehensive and sustainable. We believe with adequate capitol in the system, workers will be more attracted to jobs that care for elders, businesses will expand and develop, and the system will be more responsive to the individual needs of Hawai‘i’s residents.

We have reorganized our home and community based care system and sought new and creative ways to program services that responds to real needs.

Knowing it is impossible to be all things to this population, we have set priorities on what we must do and lapsed or reduced funding for some programs and services that were not part of the priorities. This was a painful effort and valuable programs have been lost, and other new programs were not provided funding, but we believe this trend will continue. Our fiscal constraints combined with the enormous demands from this growing group will continue to force us to set priorities even among the frailest and neediest of our target population. As daunting as the challenges have been in the recent past, we have only begun to address what must be done in the future.